



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Economic Support
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
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Work Programs Section

BWSP OPERATIONS MEMO

No.: 01-24

File: 2791

Date: 04/23/2001

Non W-2 ☒ **W-2** ☐ **CC** ☐

PRIORITY: High

**SUBJECT: MEDICAL ASSISTANCE PURCHASE PLAN (MAPP) — FEDERAL
POVERTY LEVEL (FPL) CHANGES**

CROSS REFERENCE: MA Handbook, Appendix 33.0.0 & 30.6.0

EFFECTIVE DATE: May 1, 2001

BACKGROUND

In addition to the income limit changes addressed in Operations Memo 01-22, the changes in the Federal Poverty Level also affect the Medicaid Purchase Plan (MAPP). MAPP eligibility is determined manually.

NEW INCOME LIMITS AND PREMIUM CUTOFF

Effective: 05/01/2001
Cross Reference: MA Handbook 33.0.0 & 30.6.0.

Income limits for MAPP are based on 250% of the FPL for applicants and recipients. Individuals above 150% of FPL may need to pay a premium in order to participate in the MAPP program.

Group Size	Cutoff for Premium Payment (150%)	MAPP Income Limit (250%)
1	\$ 1,073.75	\$ 1,789.58
2	\$ 1,451.25	\$ 2,418.75
3	\$ 1,828.75	\$ 3,047.92
4	\$ 2,206.25	\$ 3,677.08
5	\$ 2,583.75	\$ 4,306.25
6	\$ 2,961.25	\$ 4,935.42
7	\$ 3,338.75	\$ 5,564.58
8	\$ 3,716.25	\$ 6,193.75
9	\$ 4,093.75	\$ 6,822.92
10	\$ 4,471.25	\$ 7,452.08
For each additional person	\$ 377.50	\$ 629.17

CONTACT

DES CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.